

Adams

Town

County

Germantown

MARYLAND

Died at

Green

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Mar 24

Age

5

~~Male~~

White

~~Married~~

~~Widow~~

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

~~Number of children living~~

Husband

of

~~Wife~~

Fether's

Name

W F Adams

Mother's

Maiden Name

ga

Cause of

Primary

Diphtheria

How long sick

Week

Death

Immediate

Meningococcus Group

Accident, Suicide, Homicide

Reported by

M. C. Hume

Address

Green

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

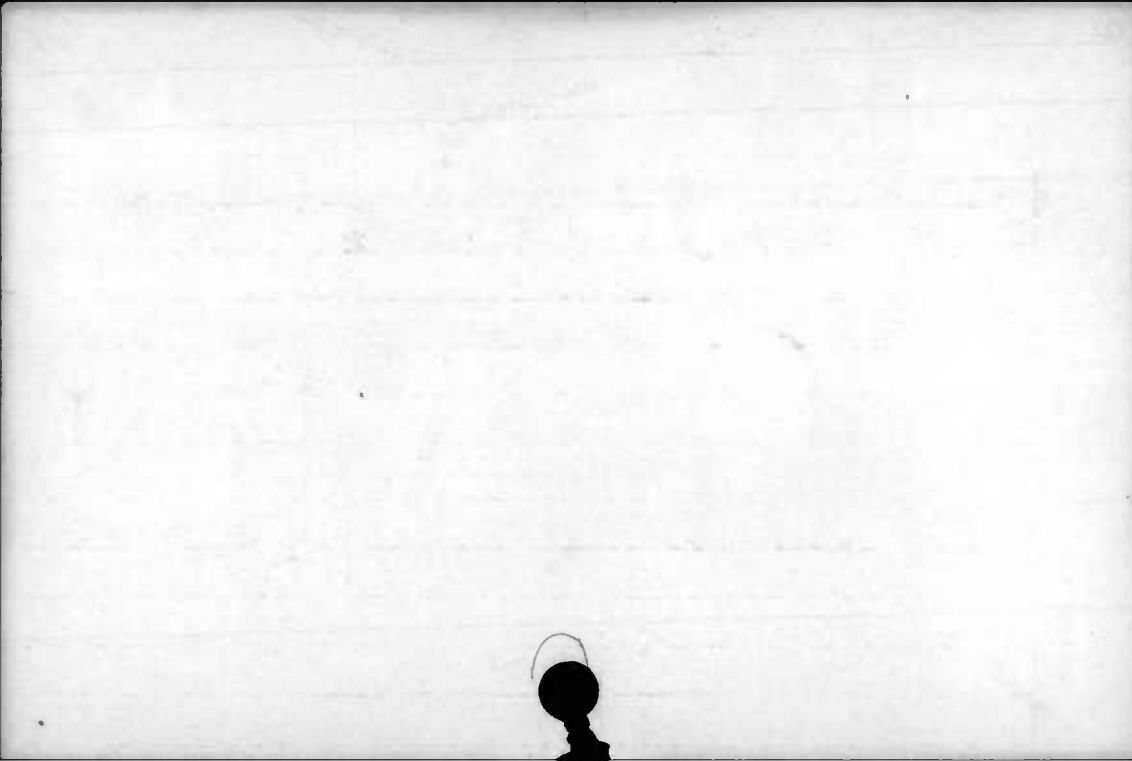
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Bittinger</i> X		Town <i>Bittinger</i>		County <i>Gaith</i>		MARYLAND	
Died at <i>Bittinger</i>		Month <i>March</i>		Day <i>14</i>		Years <i>31</i>	
Date of death 1903		Months <i>6</i>		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bittinger</i>			
Married, Single or Widowed		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Mate Bittinger</i>							
Father's Name <i>Samuel Beck</i>		Father's Birthplace <i>Bittinger</i>					
Mother's Maiden Name <i></i>		Mother's Birthplace <i>il</i>					
Name of person giving information <i>Ruben Durst</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Confinement 1908</i>	How long <i>2 days</i>
Immediate <i>Eclampsia</i>	How long <i>11</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. A. Bawers</i>
	Address <i>accident</i>
Accident or Suicide? <i>X</i>	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

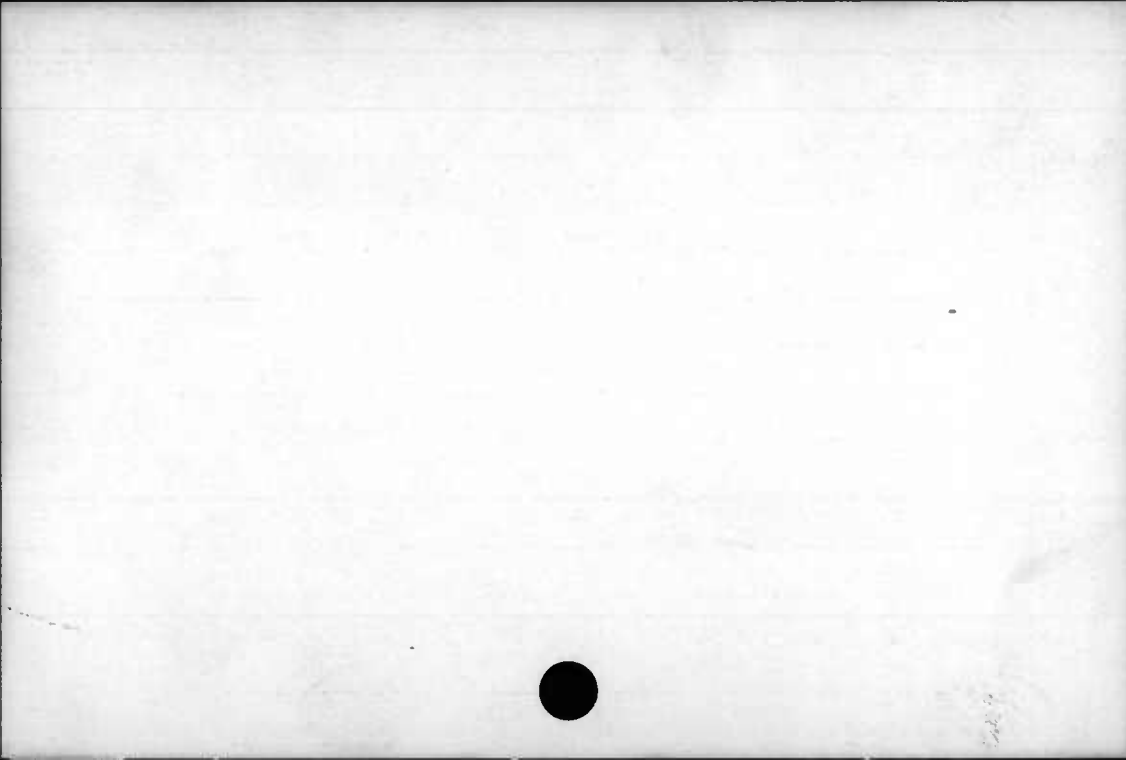
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jonas Beughley</i>		Town <i>Accident</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Accident</i>		Month <i>March</i>		Day <i>10</i>		Years <i>82</i>	
Date of death 190 <i>3</i>		Month <i>March</i>		Day <i>10</i>		Age <i>82</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Pa</i>		Months <i></i>	
Married, Single or Widowed		Occupation <i>Farmer</i>		Father's Birthplace <i>Pa</i>		Mother's Birthplace <i>Pa</i>	
Name of Wife or Husband <i>Lydia Beughley</i>		Father's Name <i></i>		Mother's Maiden Name <i>Lydia Flickinger</i>		Name of person giving information <i>J. E. Thumazey</i>	
How related to deceased <i></i>		How related to deceased <i></i>		How related to deceased <i></i>		How related to deceased <i></i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Anasarka</i>		How long <i>79</i>	
Immediate <i>Hypertrophy of Heart</i>		How long <i>3 years</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>P. A. Kramers</i>	
Accident or Suicide? <i></i>		Address <i>Accident Md</i>	



Name
in
Full

May Brannen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Oakland</i> Town		<i>Garrett</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>22</i>	Age <i>21</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Inds</i>		Days
Married, Single or Widowed <i>Married</i>	Occupation <i>H.W.</i>				
Name of Wife or Husband <i>George Brannen</i>					
Father's Name <i>John Hewitt</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>Emma Boyer</i>			Mother's Birthplace <i>-</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>20</i>
Immediate <i>Cardiac exhaustion</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Legg</i>
<i>X</i>	Address <i>Oakland</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Harrison Collins ⁺

Town

County

Died at

Friendsville

Garrett

MARYLAND

Date 1903

Month

Day

3 9

Age

Y.

M.

D.

81-

Native of

Md

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dropsey, Cardiac

Death

Immediate

Old Age

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

A. J. Mason Md

Address

Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nama in Full

Certificate of Death

Died at *Sang Run* Town *Harry Dewitt* County *Garrett* *X*
 Date 19*03* Month *Mar* Day *14* Y. *21* M. *md* D. *md* Native of *md* Occupation _____
 Male *White* Married *Single* Age *21* *Widow* *Widower* *Divorced* Number of children living _____
~~Female~~ ~~Colored~~

Husband of
Wife

Father's Name *Ruphus Dewitt* Mother's Maiden Name *Septie Dewitt*

Cause of Death { Primary *Spasms* Immediate *Spasms* } How long sick *71* Accident, Suicide, Homicide _____

Reported by *Savage Undertaker*
 Address *Frenchville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thos. W. Frost.

T

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Shade Mills</i> Town		<i>Farmers</i> County			
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>10</i>	Age <i>57</i>	Years	Months
Sex <i>m</i>	Color or Race <i>W.</i>		Birth-place <i>Farmers Co.</i>		
Married, Single or Widowed <i>married.</i>			Occupation <i>Farmer.</i>		
Name of Wife or Husband <i>Wm J. W. Frost (nee Turner)</i>					
Father's Name <i>Wm Frost</i>			Father's Birthplace <i>Frostburg Md</i>		
Mother's Maiden Name <i>Wright</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>1 wk.</i>
Immediate <i>" & Exhaustion</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Brice</i>
	Address <i>Frostburg Md.</i>
Accident or Suicide? <i>8</i>	

John
- Albany

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of~~Wife~~Father's
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

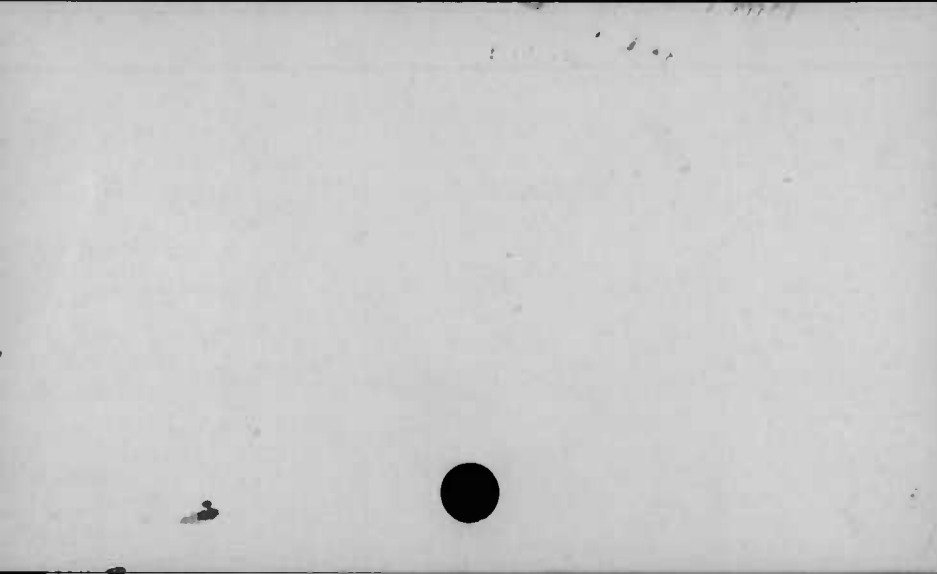
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in Full

CERTIFICATE OF DEATH

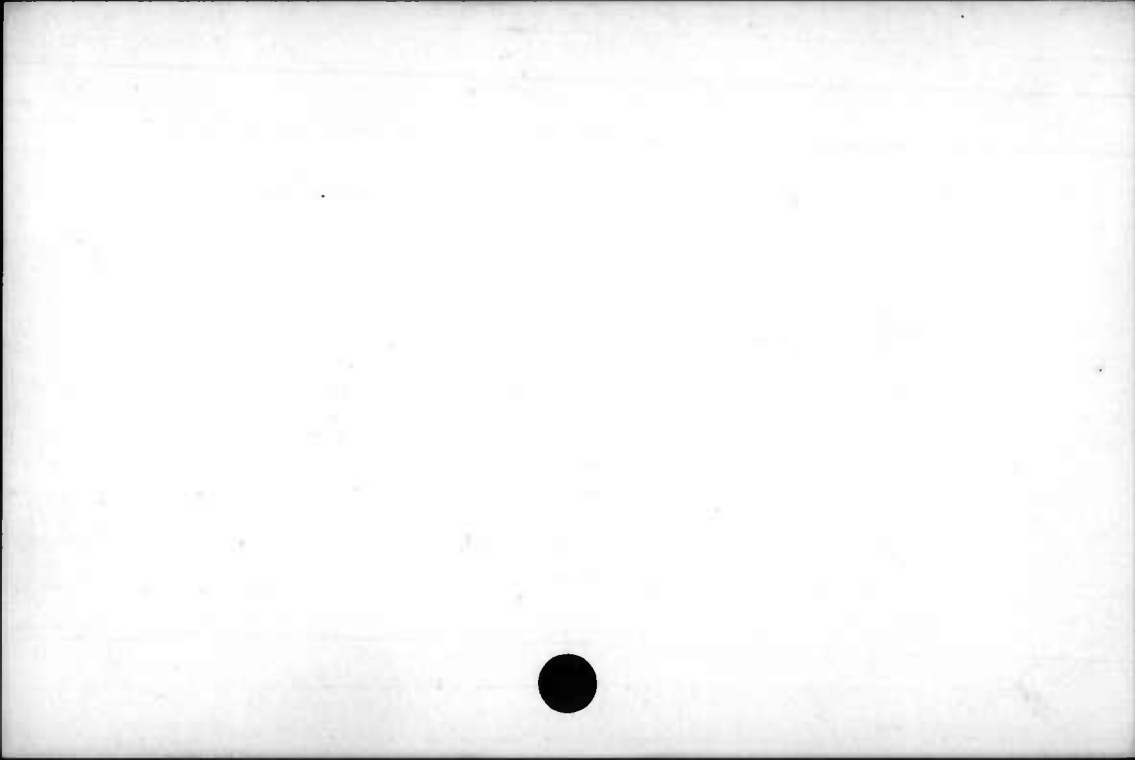
TO BE ANSWERED BY
NEAREST FRIEND

Name *Pierre Glodfulty* +
 Died at *Frederick* Town *Garrett* County
 Date of death 19*03* *Mar* *21* Age *25* Years Months *—* Days *—*
 Sex *Male* Color or Race *White* Birth-place *Md.*
 Married, Single or Widowed *Married* Occupation *Grocer*
 Name of Wife or Husband *Bliss Corry*
 Father's Name *Mahlon Glodfulty* Father's Birthplace *Md.*
 Mother's Maiden Name *Jane Ann Boyer* Mother's Birthplace *Md.*
 Name of person giving information *Mahlon Glodfulty* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dysentery* How long *two weeks*
 Immediate *Hemorrhage of stomach* How long *12 hrs.*
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *O. F. Johnston*
 Address *Frederick Md.*
 Accident or Suicide? *Accident*



Name
in
Full

Alice Green X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Swilton ^{Town} Garrett ^{County} **MARYLAND**

Date of death 1903 March ^{Month} 21 ^{Day} Age 48 ^{Years} 10 ^{Months} 21 ^{Days}

Sex Female Color or Race White Birth-place Sonoma

Married, Single or Widowed Married Occupation Housewife

Name of ~~Wife~~ ^{Husband} Jefferson Green

Father's Name Henry Metz Father's Birthplace Maryland

Mother's Maiden Name Johanna Preston Mother's Birthplace Maryland

Name of person giving information Elmer Green How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

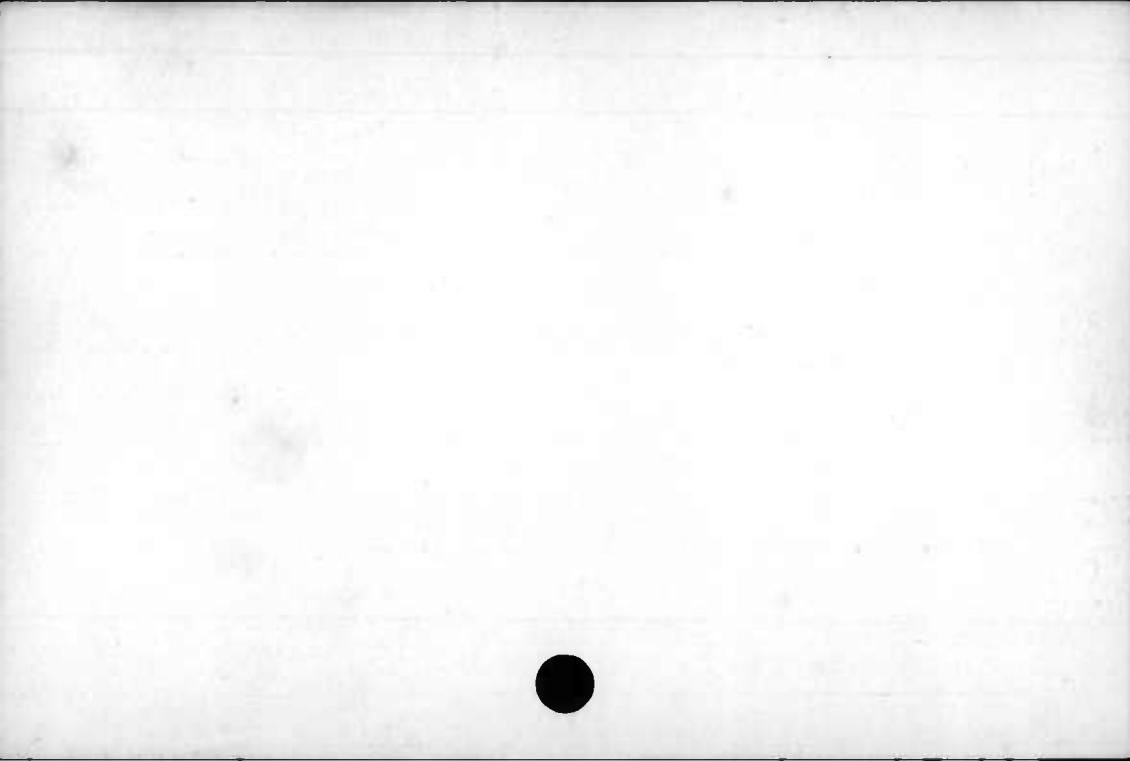
Primary Lg Bronchitis 10 How long 3 weeks

Immediate Pneumonia How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician M. Gibson Fortin

Address Sonoma Md.

Accident or Suicide? No



Name

in
Full

Susan Thumel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

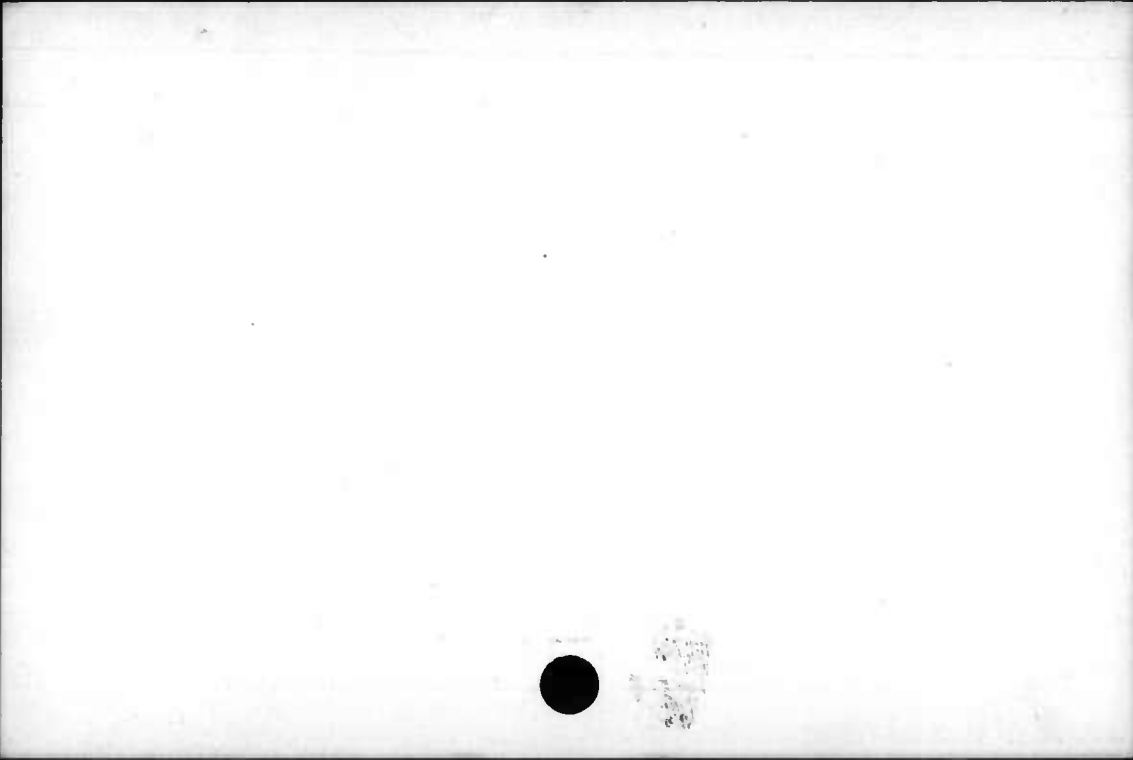
Died at <i>Corceland</i> Town		County <i>Garrett</i>		MARYLAND	
Date of death 1903	Month <i>Mon</i>	Day <i>27</i>	Age <i>75</i> Years	Months	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>housewife</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary <i>Paralysis</i>	How long <i>66</i>
Immediate <i>Heart Disease</i>	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. C. Thumel</i>
	Address <i>Corceland</i>
Accident or Suicide? <i>no</i>	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

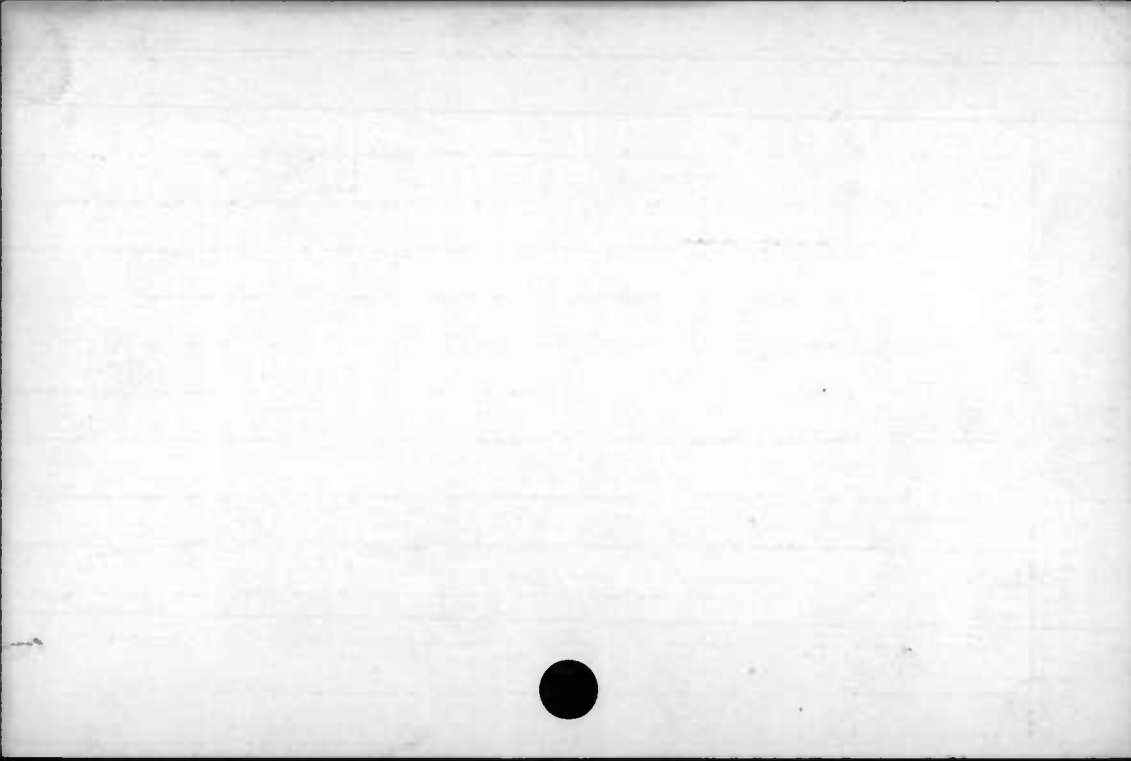
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mildred May Linniger</i>		Town <i>Cove</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Cove</i>		Date of death 190 <i>3</i>		Month <i>March</i>		Day <i>2</i>	
Age <i>4</i>		Years <i>4</i>		Months <i>4</i>		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Cove</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>George Linniger</i>				Father's Birthplace <i>Cove</i>			
Mother's Maiden Name <i>Lessa Gragley</i>				Mother's Birthplace <i>Grantsville</i>			
Name of person giving information <i>Samuel Gragley</i>				How related to deceased <i>Cousin</i>			

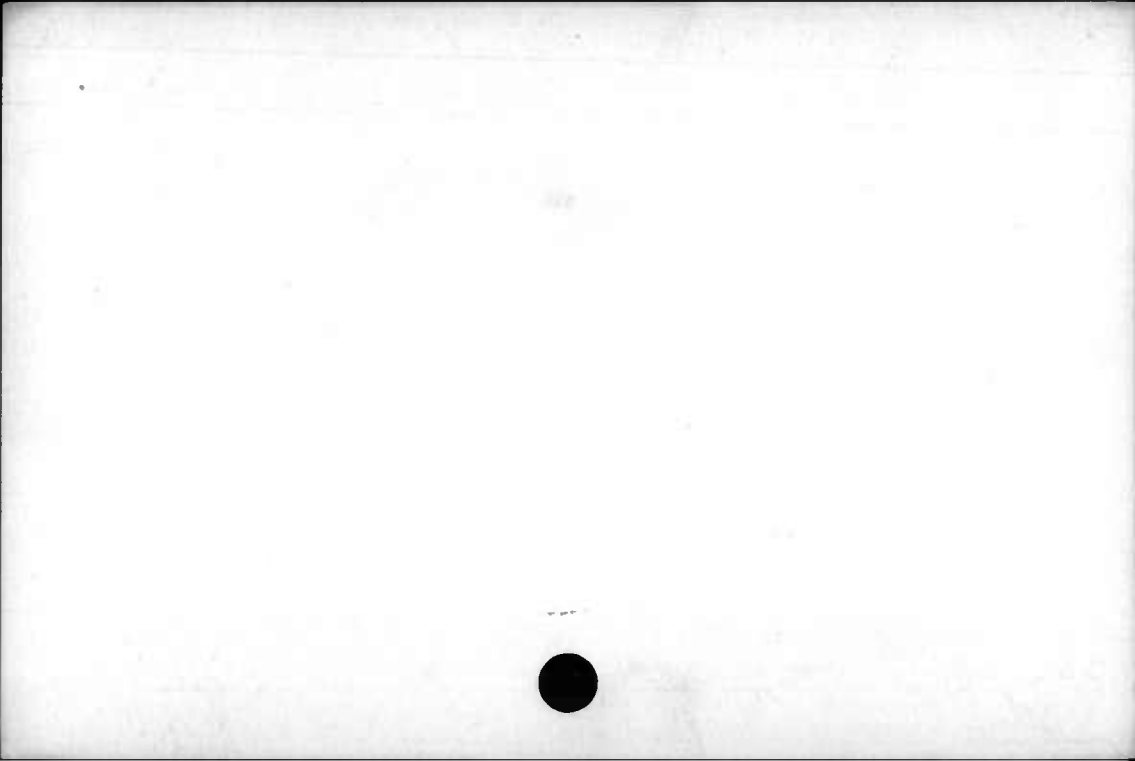
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral</i>	How long <i>10 days</i>
Immediate <i>gangrene</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. A. Ravenscroft</i>
<i>yes</i>	Address <i>Accident Md</i>
Accident or Suicide?	



Name in Full		Robert Sterling X				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Friendsville		Garrett		MARYLAND
	Date of death	1903	Month	3	Day	30	Age
					Years	77	Months
							Days
	Sex	Male		Color or Race	White		Birth-place
							Ind
	Married, Single or Widowed	Married		Occupation		Farmer	
Name of Wife or Husband		Elizabeth A Sisler					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Paralysis				How long
							5 days
	Immediate						How long
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. J. Mason M.D.	
				Address		Friendsville Ind.	
Accident or Suicide?		neither					



Name
in
Full

Ruth Uppole

X

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brellin</i> Town		<i>Garrett</i> County		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>30</i>	Age <i>2</i>	Months <i>6</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Brellin</i>			
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>Joseph Uppole</i>			Father's Birthplace <i>Garrett Co</i>		
Mother's Maiden Name <i>Ella McCabe</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Joseph Uppole</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cold</i>	How long <i>Ten days</i>
Immediate <i>Diphtheritic croup</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Newman</i>
	Address <i>Oakland Ind</i>
	<i>Garrett Co</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Clara B White

X

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Mar 3

Age

38

Garrett

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm White

Mother's

Maiden Name

Pernelia Lee

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Typhoid

Accident, Suicide, Homicide

Reported by

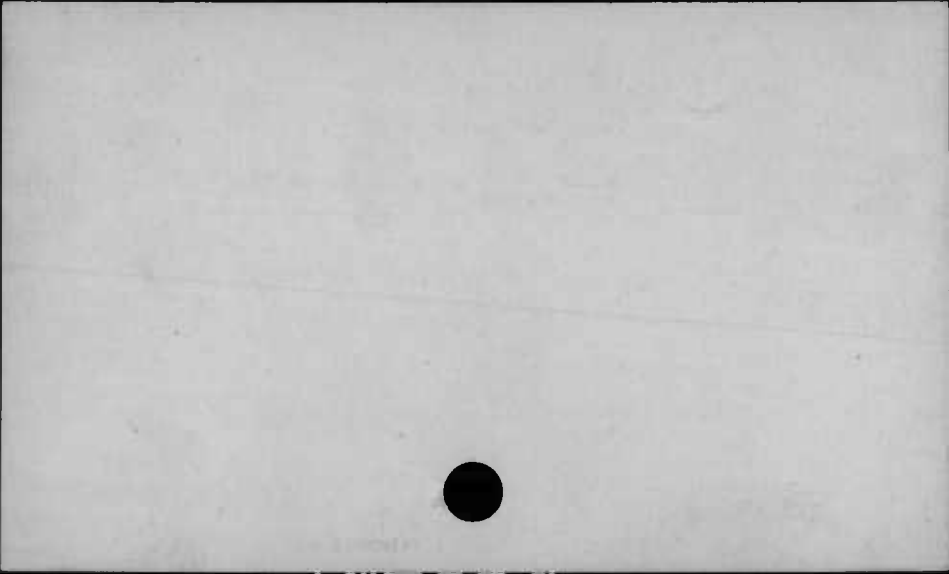
Dr J L Korman

Address

Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wallman</i> Town		<i>Garrett</i> County		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>3</i>	Age <i>40</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Garrett Co</i>		
Married , Single or Widowed			Occupation <i>Domestic</i>		
Name of Wife or Husband					
Father's Name <i>Wm B. White</i>			Father's Birthplace <i>Garrett Co</i>		
Mother's Maiden Name <i>Annamelia Lee</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Wm G. Riley</i>			How related to deceased <i>_____</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>10</i>	How long <i>one month</i>
Immediate <i>Pleuri Pneumonia</i>	How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>I. D. Newman</i>	
	Address <i>Oakland Ind</i>	
<i>X</i> Accident or Suicide?	<i>Garrett Co</i>	

